

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

Page 1 of 1

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	08 / 13 / 2020	WINNER ENTERPRISES - AIRPORT MOBIL
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	7:28 PM	8:55 AM
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	A	SANITARY PERMIT NO.	LOCATION (Address)
Other:	<input type="checkbox"/>	<input type="checkbox"/>		200701599	151 S. MARINE CORP DRIVE TAMUNING, GUAM 96931
ESTABLISHMENT TYPE				AREA	TELEPHONE
RETAIL				3	649-0052
				No. of Risk Factor/Intervention Violations	1
				No. of Repeat Risk Factor/Intervention Violations	0
				RISK CATEGORY	
				2	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
5	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
Approved Source						
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
14	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A	N/O		6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
Chemical						
24	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6
25	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Pasteurized eggs used where required			1
28	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Water and ice from approved source			2
29	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Variance obtained for specialized processing methods			1
Food Temperature Control						
30	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Plant food properly cooked for hot holding			1
32	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Approved thawing methods used			1
33	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Thermometer provided and accurate			1
Food Identification						
34	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food properly labeled; original container			1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Insects, rodents, and animals not present			2
36	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Personal cleanliness			1
38	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Wiping cloths: properly used and stored			1
39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Washing fruits and vegetables			1
Proper Use of Utensils						
40	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	In-use utensils: properly stored			1
41	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Gloves used properly			1
Utensils, Equipment and Vending						
44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Nonfood-contact surfaces clean			1
Physical Facilities						
47	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Hot & cold water available; adequate pressure			2
48	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Plumbing installed; proper backflow devices			2
49	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Sewage and wastewater properly disposed			2
50	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean			1
53	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>X KRISTINE JOOCE GARCIA</u>	Date: <u>08/13/2020</u>	Follow-up Date: <u>N/A</u>
DEH Inspector (Print and Sign) <u>V. RAYMUNDO, EPHD III</u>	Follow-up (Circle one): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



**COMPLIANCE CHECKLIST FOR RETAIL STORES
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14, AND
DPHSS GUIDANCE MEMO 2020-07 AND 2020-25**

ARROPORT MOBIL

Name of Establishment: WINNER ENTERPRISES - Company Name: ZHOU GONG, NELSON

Location: 151 S. MARINE CORPS DRIVE TAMUNING, GUAM 96931

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening		Yes	No
2	Operates at no more than authorized occupancy rate	MAX : 40 OCCUPANTS	Yes	No
3	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		Yes	No
4	Posted signage at each entrance to remind employees and customers to sanitize hands upon entry and to maintain social distancing		Yes	No
5	Provides floor markings indicating distance for all line/queues		Yes	No
6	Mandating the wearing of face mask		Yes	No
7	Provides hand sanitizer inside each entrance	PROVIDES CUSTOMERS HANDWASH SINK	Yes	No
	Cleaning and Disinfection			
8	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire facility		Yes	No
9	Routinely cleans and disinfects highly touch surfaces including counter tops, shopping carts, and baskets between users		Yes	No
10	Disinfects each re-useable customer contact item between each use (pen for credit cards, change tray, credit card machine, etc.)		Yes	No
11	Restrooms are checked, cleaned, and disinfected every 30 minutes		Yes	No
12	Follows CDC's cleaning and disinfecting guidelines		Yes	No
	Employee Health			
13	Screens employees and patrons before entering the facility		Yes	No
14	Provides and maintains PPE for employees to perform enhanced cleaning/disinfection		Yes	No
15	Stagger shifts, breaks, and meals whenever possible		Yes	No
16	Conducts training for employees on enhanced disinfection and proper PPE base on CDC guidelines		Yes	No

RECEIVED BY (Name and Title) <u>FRISTINE JUDGE COMMISSION (SITE MANAGER)</u>	DATE <u>8/12/20</u>
DEH INSPECTOR (Name and Title) <u>V. RAY MUNDO, CATH I D / L. NAVARRO, CATH II D</u>	DATE <u>08/12/2020</u>



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) <u>APPROX MOON</u> <u>ZHOU GONG, NELSON (WINNER ENTERPRISES)</u>		ADDRESS; Lot #, street name, house/apt. #, building name: <u>151 S. MARINE CORPS DRIVE</u>
INSPECTION/INVESTIGATION DATE: <u>08/13/2020</u>	COMPLAINT #: <u>N/A</u>	MUNICIPALITY/VILLAGE; SUBDIVISION: <u>TAMUNING, GUAM 96901</u>

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of <u>50% = 20</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum <u>2020-29</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.				
Observations/Findings: <input type="checkbox"/> None				

YOU ARE HEREBY GIVEN 0 DAYS 48 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.

YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT 08/15/2020.
(DATE)

RECEIVED BY (Print & Sign): FRANSTINE UODGE GATTAMATOR 8/15/20

DEH INSPECTOR (Print & Sign): V. RAYMUNDO, EPITO I / L. NAVARRO, EPITO III